

OFFICE OF SENATOR PAT TOOMEY Grants Research - Privacy Act Release Form

| · | - | ersonal information without my express written consent. |
|--------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|
| | | , do |
| • • | • | I to Senator Pat Toomey and/or his staff. Please provide |
| all relevant information he ma | y require in order to assist me with i | my inquiry. Your signature is required. |
| Signature: | | Date: |
| Address: | | |
| City, State, Zip: | | |
| Email: | Phone: | Fax: : |
| Which federal agency do yo | u believe will fund this project? _ | |
| | plication #s or other identifying n | umbers that will help us with our inquiry: |
| Briefly explain the type of fu of any relevant documents. | unding you seek as well as what yo | ou plan to do with the funds if awarded. Attach copie |
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Please return this completed form and all relevant documents to my Grants Coordinator, Caleb Knudsen, in my Pittsburgh office located at: The Grant Building, 310 Grant Street, Suite 1440, Pittsburgh PA 15219.

Caleb_knudsen@toomey.senate.gov, Phone 412-803-3501 Fax 412-803-3504